



MASSACHUSETTS HOSPITAL SCHOOL

ANNUAL REPORT

YEAR ENDING JUNE 30, 1977

DEPARTMENT OF PUBLIC HEALTH



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MASSACHUSETTS HOSPITAL SCHOOL

RANDOLPH STREET

CANTON, MA 02021

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Roger Cote, Springfield

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Paul L. Norton, M.D., Concord

Edward S. Graham, Acting Superintendent

July 1977

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REPORT OF THE BOARD OF TRUSTEES

TO HIS EXCELLENCY, GOVERNOR MICHAEL DUKAKIS

The Trustees of the Massachusetts Hospital School take pleasure in presenting for your consideration the sixty-ninth annual report of the institution for the fiscal year ending June 30, 1977 and wish to take this opportunity to express their thanks for the cooperation extended to them by you, the Legislature, Commissioner Jonathan Fielding, Secretary Jerald Stevens, and other State officials in furthering the development of the Hospital School.

The Trustees realize that the credit for the success in the various departments of the Hospital School is due to the honesty, enthusiasm, and interest of the corps of officials, physicians, instructors, nurses, teachers, and other employees and we are pleased to give expression of our gratitude.

This past year has been a continuation of first class quality care both medically and educationally to the physically handicapped children of the Commonwealth. The amount of activity has increased. In other words, more services are being provided to more seriously handicapped children. Trends identified in earlier annual reports have continued, and the completion of targets and goals that we have set are on schedule.

Dr. James J. Callahan, Jr., Ph.D., our Superintendent, was selected by the Governor as Secretary of Elder Affairs in March 1977 and Mr. William Corliss, our Personnel Manager was promoted to Purchasing Agent of Tewksbury Hospital. The Screening Committees for both these appointments are to be commended for their selection, however, the loss of these two in our management team will be strongly felt.

Mr. Edward S. Graham was appointed Acting Superintendent by His Excellency the Governor in March and confirmed by the Board. We, the Trustees, would like to take this opportunity to publicly thank Edward S. Graham for his performance, dedication and judgement during these past few months serving as Superintendent, Assistant Superintendent and Personnel Manager.

We also wish to recognize Dr. Paul L. Norton who served for many years as a Trustee of the Hospital School. His interest, dedication and warm feelings have been both a model and inspiration for those concerned with the well being of children. He will be greatly missed and his appointment as an Honorary Trustee will soften the loss.

We welcome Mr. Roger M. Cote as a new Board member and are pleased with the re-appointment of Albert J. Norton.

Respectfully submitted,

Albert J. Norton, Chairman
Edward T. Clark, Vice Chairman
Atty. Robert W. Langlois, Treasurer
Mr. Roger M. Cote, Secretary
Dr. Arthur M. Pappas
Dr. Paul L. Norton, Honorary Trustee
Mr. Nils V. Nelson, Honorary Trustee

TO THE BOARD OF TRUSTEES

PROFILE OF MASSACHUSETTS HOSPITAL SCHOOL

FOR THE PHYSICALLY HANDICAPPED

The Massachusetts Hospital School is a 110 bed hospital facility with four extended care cottages. We have an x-ray suite, a laboratory, and 2 large operating rooms. Massachusetts Hospital School is accredited by the Joint Commission on Accreditation of Hospitals.

Massachusetts Hospital School is located in Canton, Massachusetts - 15 miles south of Boston - not far from the intersection of Route 128 and Route 138. We are a state-wide facility for children and a state-wide community resource center for the consultation, training and advocacy for the physically handicapped children.

We provide a complete range of services that handicapped children need if they are to participate in the world of non-handicapped people. These services include: Hospital care, Surgery, Skilled nursing service, Physical and Occupational therapy, Social Services and Education.

The Hospital School has been in existence since 1907 and was created by the Massachusetts State Legislature. It is a most unique institution - one of 3 in the world that has a complete hospital and a complete educational facility. We enjoy world wide recognition in the field of pediatric orthopedics, especially in the treatment of scoliosis and paraplegia. Massachusetts Hospital School is operated by the Department of Public Health with an annual budget from the Commonwealth that allows us to deliver first class quality medical and educational care to two hundred physically handicapped children on a daily basis. The highest administrative authority is a five man Board of Trustees. Massachusetts Hospital School is not a free hospital - rates are established by the Rate Setting Commission; however, no child is denied admission because of financial difficulty.

The seriousness and complexity of the conditions facing our children at the Hospital School are staggering; Myelodysplasia, Spinal Cord Injuries, Spina Bifida, Cerebral Palsy, Traumatic amputations, Scoliosis, Legg-Perthes Disease, Muscular Dystrophy, Freidrich's Ataxia, Rheumatoid Arthritis and all types of orthopedic conditions are seen here. The Children at Massachusetts Hospital School are there for one or more reasons - some require surgery or even a series of operations. 95% of all the patient/students are in wheelchairs or bed carts.

The medical-surgical program is directed by a Medical Director and an Associate Medical Director and staffed by 3 residents in orthopedic surgery and a full time pediatrician. We have approximately 80 specialists in orthopedic surgery, urology, neurosurgery, neurology, and other specialties who act as consultants and assist in the overall medical program. Children under 21 years of age and residing in Massachusetts are eligible to apply for admission upon referral by themselves or by their physicians.

We have a number of regularly scheduled clinics for inpatient and out-patients that are held by one or more of our consultants on a weekly basis. Patients receive follow-up care at these clinics even after they are discharged. The clinics that are held once a week include orthopedic, pediatric,

cerebral palsy, and pulmonary function clinics. Our myelodysplasia clinic is held once a month and involves an in-depth evaluation by a clinic team composed of neurosurgeons, neurologists, orthopods, pediatric surgeons, urologists and pediatricians as well as physical therapists, occupational therapists, and social workers. Scoliosis, urology and quadriplegic clinics are also held monthly. Other clinics such as neurology and cardiac clinics are scheduled as needed. These clinics are available on a pre-arranged appointment basis and any inquiries should be directed to our Medical Director, Dr. Richard M. Kilfoyle.

Parents of a baby born with physical handicaps or a child who acquires traumatic handicaps frequently have been given little understanding of their child's condition. Consequently many are in a state of bewilderment and shock. To overcome this, medical and developmental evaluations are explained in layman's language. Counselling is available as required, by pediatricians, physical and occupational therapists, nurses, nutritionist and social workers. Some handicaps involve as many as five (5) different medical specialties and it is important that parents understand what is involved in the dynamics of raising a child with a handicap. They learn, for example, that their children are not as fragile and delicate as they may have believed. Like all children, they need to be played with - physically and actively. Indeed, parents learn that playful activities are crucial in stimulating the growth of a handicapped child. The families are encouraged to visit frequently. Their brothers, sisters, and friends all help to make an adjustment to family life for the handicapped child. By frequent visitation, brothers, sisters, and friends realize that their handicapped child is "really normal". Parents are encouraged to take their children home on Holidays, Vacations, Saturdays and Sundays to keep and strengthen family ties and to make the situation as normal as possible.

Due to the development of effective antibiotics and polio vaccines, the past few decades have witnessed dramatic reduction in conditions which formerly caused permanent disabilities in young patients. Prior to World War II and the development of the so-called wonder drugs, the life span of a handicapped person was very limited. Today the survival rate has increased rapidly especially from the initial crisis of injury or disease.

The services of the Hospital School may be needed at any time by any child living in the Commonwealth of Massachusetts. Any child may become handicapped - either permanently or temporarily. Some children are born with defects either in the spine or limbs; sometimes because of things that may have happened to the mother when she was pregnant and the baby was forming. There are also hereditary problems. Things like muscular dystrophy, the cause of which is unknown as of today, paralysis that occurs due to injury of the spine through many unfortunate accidents such as a fall from a height that may give someone a broken back, an auto accident that may give a boy or girl a broken neck, gun shot wounds and many other unfortunate accidents that happen are all part of the total patient population of our facility.

Our services include an active visiting staff from all the major teaching centers in Boston - Carney Hospital, The New England Medical Center, Children's Hospital, The University of Massachusetts Medical School, Tufts University Medical School - just to name a few. We have top notch nursing staff that provides excellent service 24 hours a day, seven days a week, 52 weeks a year.

Our Physical Therapy Department is concerned with many aspects of the well being of our children such as growth and whether or not new shoes, braces, or adjustments are needed, what type of wheelchair or bed cart, or crutches are needed for each individual child, maintaining and increasing muscular strength.

These are some of the goals of the Physical Therapy Department along with promoting good bodily health through exercise.

Our Occupational Therapy Department is very important and precise. They work at developing fine muscular coordination as in the fingers and the hand. They also concern themselves with perception and learning disabilities. They try to teach the children to dress themselves, to feed themselves and all the other activities of daily living. The eyes, the ears, the touch and all senses are utilized to their maximum. They try to encourage that extra effort for a child to hold up their heads which causes strong muscle contractions in the neck which helps their balance and perception.

We have a Speech Therapy Department. Some of our children have little voluntary control over muscles and they cannot articulate at all. One young boy communicates by means of a communication board on which are words of his vocabulary. He understands quite well what is said to him; however, he has to point to words in a sequence for him to reply.

We have our own Power Plant, our own Sewing Room which tailor makes children clothes to fit over braces and casts and so forth, our own Carpentry Shop which makes bed carts and an Electrical Shop that is kept busy with patients and employee safety and they look after the many electrical wheelchairs for the children without arms or without enough muscle power in the arms to use a regular wheelchair.

Our Dietary Department is responsible for the many special diets ordered by the physician. Our Brace Shop custom makes braces and body casts to doctor's prescriptions then they fit them very carefully and they make adjustments as necessary. Our Grounds Department works extremely hard to provide that proper environment of flowers and shrubs etc. that is important to the eyes and helps with our rehabilitative efforts.

We are especially proud of our Housekeeping Department whose efforts show in the demanding regulations for infection control and visitors to our Hospital School always seem so amazed at the cleanliness of our facility.

We have a Baylies Pre-School program. The pre-school deliberately and purposely integrates children with and without physical handicaps. It strives to have the physically handicapped compete with the non-handicapped. At the age 3 to 5 a child in a home setting kind of roams around the house playing with pots and pans and mother talks to the child and takes the child to the store. A child in this home setting gets an awful lot of varied experience that is not really formalized but they do contribute to the understanding of the world. However, children who are institutionalized do not always have these experiences. At Massachusetts Hospital School we provide clean, wonderful hospital care but it is still not the same as a loving parent - a mother or father who takes care of most of the needs of a youngster and can recognize what a child wants or needs. Our Pre-School program does a good job of substitution for the loving parent and gets into this pots and pans thing. They make the time to take a child to a store, to a post office and try to provide whatever it is; an emotional and social development.

At Massachusetts Hospital School the reward for many of our employees is very great; helping a child who has never walked to learn to do so on crutches. Many things in life are easier than learning to walk on crutches with braces on legs that have no feeling.

In 1973 we implemented a new program at Massachusetts Hospital School - a Nursery Program. This is the early intervention into the lives of children from 3 months to 6 years of age. It consists of a one month in-depth evaluation period. The child, parents and family receive education at Massachusetts Hospital School on their particular handicap. A plan is tailor made to fit the individual child, where such things as the type of physical therapy, occupational therapy or even surgery at a specified date is suggested. They are trained and counselled to support their efforts to maintain the child in a home setting. A team approach is used with a pediatrician, a nurse, a nutritionist, psychologists, physical therapists and occupational therapists and a social worker. From experience we have found this program to be very helpful in preserving marriages that have been strained by the birth of a handicapped child and has in many cases prevented institutionalizing and placement of a young infant or a child.

We are named a Hospital School for a very good reason. In addition to our Hospital previously mentioned, we have a large modern school facility providing a range of education from pre-school to post-graduate high school. We also have minor vocational training. Our school system is fully accredited by the New England Association of Schools and Colleges. Those residents who are ambulatory attend classes in the school building while those who are bed bound are able to participate in their classes through a closed-circuit television. This is quite a unique capability of our institution to have this 24 channel T.V. system. In addition, surgical operations can be televised and shown to a maximum of 500 Medical Professionals in the school's auditorium. Facilities exist for recording and showing video tapes. Tapes are made of new procedures and techniques and are shared with other centers throughout the world. The potential for acquiring and sharing knowledge in behalf of handicapped children is enormous through this T.V. system.

Chapter 766 is a new law in the Commonwealth of Massachusetts that became effective September 1, 1974. The concept of this law has been ongoing at Massachusetts Hospital School for several decades and that is providing, "education for children with special needs". We have after school activities for our patient/students that include wheelchair basketball and wheelchair street hockey where local non-handicapped teams come in and compete with our teams. However, these teams also have a disadvantage as they must use wheelchairs. We have seen some real interesting games between our handicapped in wheelchairs and the non-handicapped in wheelchairs - it kind of puts everyone in the same boat. We have a boy and a girl scout program and driver education is provided including road tests. We had a car donated by a civic group in 1960 and it is equipped with many different types of hand and foot controls that allow us to have this valuable service for our children. We also have a day hop program at Massachusetts Hospital School which is where a student within a reasonable mileage ratio comes everyday for his or her education and returns to their home at night. We have around 50 students in this category, where architectural barriers do not permit them to attend their local school systems. Physical barriers such as narrow doors, curbstones, bathrooms that are inaccessible to those in wheelchairs are a few of the problems that confront a handicapped person.

Physical disabilities do make children different. But difference is frequently over emphasized and often results in harmful prejudice. The truth is, young people with physical handicaps are more like other young people than different. If you look beyond the handicap you will find that a child is a child.

In conclusion, our goal at Massachusetts Hospital School is to help handicapped people achieve their highest level of independence. To try to bring the

most modern education, the most modern treatment and concepts and surgical procedures to our handicapped children; and all our related rehabilitative disciplines to make a handicapped child into an independent and happy adult.

Edward S. Graham
Acting Superintendent

ADMINISTRATIVE ASSISTANT

PERSONNEL

The Personnel Department is responsible for the processing of all information regarding recruitment and termination of employees, preparation of staffing reports, and maintenance of current records on employee life and health insurance, plus retirement benefits and Affirmative Action. Also a program to deal effectively and aid in a troubled employees program was successfully continued.

An orientation program for new employees has completed its second successful year and is a vital part of our personnel program

SECURITY

Security continues to provide 24 hour per day, 7 day a week security coverage to our handicapped children, and the 26 buildings encompassing 75 acres of the Massachusetts Hospital School.

VOLUNTEER SERVICES DEPARTMENT

The Volunteer Service Department supplements the paid staff with conscientious and dependable volunteers. During the past fiscal year, the volunteers at Massachusetts Hospital School have logged 9,851.5 hours of service to our handicapped children. These volunteers assisted in any capacity that was asked of them. Some of the duties included services such as tutoring, transporting children, clerical work and recreational aides.

Other activities that this department has been successfully involved in during the past year are:

- Annual Summer Camp for Disadvantaged
- Suggestion Program
- United Way
- Bi-annual Bloodmobiles
- Assistant Safety Committee Officer
- Employee Orientation Program Officer
- Acting Security and Switchboard Dept. Head (2 mos.)
- Acting Administrative Assistant (2 mos.)
- Organizing Children's Christmas Shopping Tour
- Committee Member of Building Renovation Team for
Donovan Living Experience

AUDIO VISUAL

The Audio Visual Technician does all photography and this includes the following:

1. movies, slides, prints, color and black & white
2. medical photography: pre, during and post surgical
3. medical and school teaching aides
4. copying x-rays
5. class pictures and yearbook pictures
6. identification badges

Also modifies, installs and repairs all damaged and inefficient audio visual equipment and replaces defective parts and installs aids for use in the school and hospital. Also tests for accuracy and calibration and modifications for its use. Maintains and teaches the use of audiometers and sight testing instruments, installation and maintenance of intercommunications and paging systems. Repairs recording instruments. Developed and maintains vocal chord amplifier for patients with paralyzed vocal chords.

CLOSED CIRCUIT TELEVISION

The entire school is equipped with a closed circuit television system. Each classroom, equipped with camera and monitor, provides two-way communication to every room in the Hospital.

Children confined to bed because of illness or surgery continue with their school program via one of the television channels which links them to their classroom. An intercom unit within the system permits audio discussion between classroom and patient.

The school is a member of the 21 inch classroom and uses special television programs from Channel 2, WGBH-TV, Boston's educational channel.

BAYLIES BEGINNING CENTER

Baylies Beginning Center is a pre-school, offering educational, therapeutic, and social services. It was the result of an expressed need on the part of the staff that there be a more cohesive program for the youngest children resident at the Massachusetts Hospital School. The Center constitutes the main resource of daily life experienced that is first and most importantly centered on the child's perception. Very young children learn from the varied life experiences normally available. The less varied and more fragments the experience, the more deprived the child. Three therapeutic disciplines are represented in the Baylies program: speech therapy, occupational therapy and physical therapy.

The Baylies Pre-school has its basis in the following goals:

1. The open classroom for handicapped and able-bodied children - facilitates the integration of therapeutic and educational activities
2. Integrated Day for therapy
3. Deinstitutionalization/Prevention of Institutionalization - exposure to a societal microcosm
4. Outreach - provides a model for communities, encouraging the integration of physically handicapped children into existing Nursery and public school programs, and inservice training for educators, and family support.

STAFF: 6 full - time 3 part - time 1 Consultant

Population Served

July 6 - August 13
Summer Program

September 13 - June 24
School Year Program

13 Children (9 disabled)

33 Children (18 disabled)

In January, 1977, the position of Playroom Therapist became full-time. Our therapist provides playroom and bedside programs for patients on Nelson I and II who are unable to attend school. Especially those children who await surgery or who are receiving post-operative care. Funds for minor renovations were obtained to improve the Nelson playroom. Construction will take place over the summer.

Ms. Charlotte Landholm, nurse practitioner for Tempo, served Baylies as health care consultant. She maintained charts on the growth and general health of each child; provided consultation services for the parents, and gave valuable inservice instruction to the staff.

In January, 1977, Baylies obtained the services of a Family Therapist consultant to provide to families identified by the social worker the opportunity for confidential exploration of family-related issues which tangentially affect their child in the classroom. The therapist meets regularly with the Social Worker and gives inservice training to the staff. Positive reaction from several families assures Baylies of the necessity for this new facet to our program.

During the spring plans were approved and funds secured for rennovations in the main classroom. Construction will commence at the end of the summer program.

In April, 1977, Lucy Reid, Director of Baylies since its inception in April of 1971, tendered her resignation. We expect that her successor will be found by September 1.

BRACE SHOP

The purpose of our Brace Department is to service our handicapped inpatients, day students, and outpatients, with orthopedic appliances such as long leg braces, short leg braces, orthopedic and custom made shoes, Pelvic bands, celastic jackets, also general repairs to braces including recovering with leather and chemisol plastics, repair shoes, etc.

Materials that are used are aluminum, steel, felt, velcro tape for straps and buckles, plastics. Mr. George Heroux and Mr. Gary Smith have been trained to repair all orthopedic appliances including celastic jackets, and to assist in fitting patients.

ORTHOPEDIC BRACE & LEATHER SHOP

| | <u>OPD</u> | <u>Day Students</u> | <u>Hospital</u> | <u>Dorms</u> | <u>Total</u> |
|--------------------|------------|-------------------------|-----------------|--------------|--------------|
| Braces | 75 | 34 | 382 | 436 | 927 |
| Body Jackets | 4 | 0 | 6 | 15 | 25 |
| Leather Work | 42 | 14 | 155 | 196 | 407 |
| Splints | 2 | 0 | 2 | 5 | 9 |
| Shoes | 16 | 5 | 79 | 151 | 251 |
| General Repairs | 4 | 0 | 27 | 143 | 174 |
| Other Special Work | 0 | 0 | 0 | 36 | 36 |
| Total Special Work | 4 | 0 | 27 | 179 | 210 |
| GRAND TOTAL | 147 | 53 | 678 | 1161 | 2039 |

DENTAL DEPARTMENT

SERVICES

| | | | |
|---------------|-----|---|----|
| Examinations | 217 | X-Rays | 41 |
| Initial Exams | 55 | Impressions | 3 |
| Fillings | 84 | Boston University Orthodontic Clinic | 25 |
| Prophylaxes | 252 | Milwaukee Brace Clinic | 98 |
| Treatments | 7 | Other | 47 |
| Extractions | 24 | | |

PATIENTS

| | | | |
|----------|-----|-------------|-----|
| Hospital | 423 | Outpatients | 108 |
| Cottages | 284 | | |

CLINICS

| | | | |
|--------|----|-------------|---|
| Dental | 48 | Orthodontic | 9 |
|--------|----|-------------|---|

DIAGNOSTIC CENSUS

Total Census 119

June 1, 1977

| | |
|---------------------------|----|
| Cerebral Palsy----- | 50 |
| Muscular Dystrophy----- | 15 |
| Spina Bifida----- | 20 |
| Spinal Cord Injuries----- | 10 |
| Brain Tumor----- | 1 |
| Poliomyelitis----- | 3 |
| Osteogenesis Imperfecta-- | 2 |
| Scoliosis----- | 2 |
| Legge-Perthes Disease---- | 1 |
| Fractured Hip & Jaw----- | 1 |
| Myopathy----- | 4 |
| Werdnig-Hoffman----- | 1 |
| Apert's Syndrome----- | 1 |
| Friedreich's Ataxia----- | 1 |
| Arthrogryposis----- | 5 |
| Myelitis with Diabetes--- | 1 |
| Encephalopathy----- | 1 |

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DIETARY DEPARTMENT
July 1976 - June 1977

MEALS SERVED IN NELSONS AND BRADFORD

| | |
|---|--------|
| Total number of normal meals served: | 24,651 |
| Total number of Therapeutic meals served: | 18,819 |

MEALS SERVED IN GATES, ROSS, ELLIS, BAYLIES COTTAGES

| | |
|---|--------|
| Total number of normal meals served: | 23,976 |
| Total number of Therapeutic meals served: | 9,939 |

TYPES OF THERAPEUTIC MEALS SERVED:

| | NELSONS & BRADFORD | COTTAGES |
|----------------------------|--------------------|-----------|
| Low Calorie | 7025 | 5373 |
| Nursery | 1092 | -- |
| Liquid | 338 | 60 |
| Mech. Soft | 5807 | 2670 |
| Diabetic | 369 | 357 |
| Low Residue | 429 | -- |
| Soft/Bland | 54 | -- |
| Blended | 33 | 36 |
| High Protien | 1134 | 366 |
| Elemental (Vivonex) | 60 | -- |
| Allergy | 27 | 54 |
| High Calorie | | |
| High Protien Liquid | 69 | -- |
| Supplements | 1905 | 759 |
| Nutritional- Assessment | 45 | -- |
| Vegetarian | 309 | -- |
| Low Cholesterol | 9 | -- |
| Low Sodium- | | |
| High Potassium | 45 | 207 |
| 2gm. Sodium | 69 | -- |
| Low Calorie- | -- | 18 |
| Mech. Soft | -- | |
| Meat Free- | -- | |
| Test Diet | -- | 27 |
| Kosher Meals | -- | 12 |
| Total | 18,819 | 9,939 |

DONOVAN EXPERIENCE

The Donovan Experience began as a simple idea with no name tag . . the name came when the idea found a shelter to grow in. The idea was to have a housing area for the Seniors to experience living on their own without Mom or the staff at MHS . An apartment in the community to be used for weekends was one thought, but not practical. So other possibilities formed and the Donovan Nurses' Residence loomed on the horizon as the most immediate and available facility. It became the housing for the idea.

The Minibus was made available one night a week, and where it went was up to the kids. All 10 Seniors were scheduled to go over for two weeks each with repeats if we could fit them in. We got an extension of four weeks at the end so every kid did at least four weeks with the exception of one boy who wouldn't go at all.

One of the nicest things that unfolded at Donovan was the outstanding care our kids got from the three lay people who were their Personal Care Attendants hired from the outside, who were extremely instrumental in the Donovan Experience success.

No one could foresee what would happen to the kids at Donovan although our reasons for setting it up were lengthy and rather formal. The kids were so different to begin with that their successes were highly individualized at their outcome.

We gave them the chance at Donovan to meet themselves. They were on their own there for the first time and fully responsible for the consequences of their own behavior. They all went through apprehension the first few days that changed to quiet dignity in all areas of Donovan Experience in the end. It is all written in the PCA's reports and evaluations . . its in the faces of the kids themselves, and all those they touched here could feel it too . . its called TRUST, given with love.

ENVIRONMENTAL SERVICE

Introduction

The multitude of support services by the dedicated personnel of this major department of the Hospital School are essential for the rehabilitation of the patients and the successful performance of the duties assigned to direct patient care personnel. The department in essence provided a safe, healthful environment and sustenance for both patient and employee as well as the hardware and supplies for their use.

The service is composed of ten major departments and sub sections, with nine supervisors reporting to the Steward who is in service head and coordinator of support activities.

Major Accomplishments by Department

A. Housekeeping

This department has successfully consolidated all institutional housekeeping activities under a single supervisory structure. This has allowed for the improved utilization of manpower resources due to improved interchangeability of personnel among buildings and assignments. Efforts to standardize cleaning materials and methods due to inservice training programs have allowed savings in material and personnel costs. As a result, the impact of hiring freezes and insufficient budget have been blunted. Priorities have been reassessed and all essential services have improved in quality. New, upgraded JCAH infection control criteria have increased the complexity of responsibilities assigned to this department.

a. The laundry operation has been completely reorganized under the management of our recently appointed Head Laundryman in cooperation with the Executive Housekeeper. Substantial new services have been provided with the same number of personnel due to effective management and the cooperation of the workers involved. The laundry now distributes all linen directly to the wards and operating room allowing the reassignment of nursing personnel to nursing duties. This change could not have been accomplished without the full cooperation and understanding of the nursing staff and nursing administration. The flow of work within the laundry has been adjusted to meet the demands of the Joint Commission in regard to infection control and cross-contamination.

b. The sewingroom has closed another year of productive service to patients and other departments. The multitude of services they provided are too numerous to mention here in detail but their diligence has also contributed to cost savings for the institution. The sewing room transformed textiles purchased from the Department of Corrections in Framingham into drapes for office and wards as well as sheets and pajamas for patients.

B. Dietary Department

Two of the main objectives of the Dietary Department, to plan menus to meet the nutritional and therapeutic needs of the patients in accordance with the physicians' orders and to prepare and serve attractive and satisfying meals under high standards of sanitation for both patients and personnel, were put to the acid test during the twelve month period ending June 30, 1976.

Due to the serious shortage of help during this period, these objectives would not have been efficiently carried out, but for the spirit of cooperative teamwork among all the food service employees.

Our Continuing Education program and check list produced good results:

1. Lecture and demonstration on what to do should a choking emergency arise.
2. Fire prevention and protection of patients and personnel during a fire.
3. Prevention of contamination and control of bacteria count on clean serving utensils, dishes, flatware and serving areas.

C. Electrical and Engineering

The major problem of this department throughout the year has been the repair of aging distribution systems and the upgrading of systems to meet the needs of today and tomorrow. This service runs the gamut of hospital needs from temperature actuated radiator valves to O.S.H.A. fan guards. The ordinary maintenance of heating systems and controls was perhaps the single most significant factor in our energy conservation program. The numerous rehabilitation projects mentioned earlier in this report were the result of an unified effort in which engineering played a significant role.

a. Electrical Shop

The electrical section within the engineering department has worked consistently to upgrade the safety of electrical equipment and systems. A documented electrical safety program is written, implemented and the results documented and found appropriate by the Joint Commission surveyors. A few projects completed by this department substantially or wholly are as follows:

1. Remodeled business offices in Administration Building, complete with all new wiring and circuits independent of old wiring.
2. Changed receptacles in all areas to three wire, hospital grade in Hospital.
3. Wired all new machinery in Brace Shop.
4. Rewired two wings of Gates Cottage complete, including exit lights.
5. Installed all new fixtures in Baylies Pre-School, plus remodeled new office.
6. Wired complete two new freezers (walk in) and wired complete two new coolers (walk in).

7. Installed emergency outlets in Nelson I and Nelson II, rooms 7.
8. Installed sterilizer in Central Supply.
9. Telephone conduits underground from Ross to Gates installed.
10. Spot lights, High School street ramp were installed.
11. Bradford II hall lighting was completed.
12. Removed and repaired all defective fixtures in the High School Auditorium.

b. Power Plant

The major work performed during the past year has been almost entirely repairs and replacement of parts and equipment needed to make the hospital function mechanically.

A new heating system was installed in the main office by the maintenance crew.

D. Plant Maintenance

This organization is composed of six personnel including two supervisors. They are responsible for all painting and carpentry within the institution.

a. Carpenter Shop

The carpentry section is responsible for the maintenance and repair of all patient wheelchairs as well as building maintenance and renovations. They participated in several major renovations during the past fiscal year alone or in conjunction with painting, and electro-mechanical maintenance personnel. The major projects completed by carpentry alone or in conjunction with others is as follows:

1. New trash house for Hospital area built.
2. New combination aluminum windows for Baylies, Ellis and Ross Cottages installed.
3. Remodeled areas in the Administration Building.
4. Morrison Hall received new back boards for basketball hoops plus wall padding.
5. Made five upholstered examination tables for Bradford Clinic Rooms.
6. Built wire partition at Morrison Hall to store lifting weights.
7. Remodeled recreation room at Morrison Hall.
8. Built new compressor shed for Storeroom.
9. Built concrete base and roof for outdoor refrigerator at kitchen.
10. Remodeled speech therapy room for Bradford Clinic.

b. Paint Shop

The paint shop is responsible for all inside and outside painting,

glazing, furniture refinishing, shades etc. They have demonstrated willingness and ability to work effectively alone or in conjunction with others on repair projects. Major work accomplished is as follows:

1. Elementary School: all classrooms - also painted hallway and ramp between two schools with non slip paint.
2. Administration Building: Painted hallway from front door to fire doors, painted and papered waiting room and Personnel Office.
3. Gates Cottage: Painted front entrance and long hallway, large and small bathrooms. Utility rooms and all patients' rooms were painted. Hung traverse rod in dining room.
4. Nelson Hospital: Painted all hallways from lobby to Bradford I and II, both upstairs and downstairs. Painted nurses station; most of rooms on Nelson I and II; elevator hallway; all door frames in Operating Room; Central Supply and P.T. Room.
5. Morrison Hall; Painted some of Morrison Hall. Did floor in hall, sanding floor and putting on finish. Also put in tile and painted lounge.
6. Brace Shop: Painted walls, floor and all machines.
7. Donovan Residence: Painted lobby and many rooms during year.

E. Storeroom

Two major physical renovations have been made in the storeroom within the last year. A walk-in freezer was added and is now in first class condition. A new walk-in freezer has been added which increases our capacity. This will allow us to order meat in more economical ordering quantities and to store sufficient quantities of food to avoid temporary shortages. Plans for improved inventory control are in place. Plans were implemented to increase the number and variety of goods to be added to stores.

The major changes in the past year are as follows:

- a. The storeroom food and non-food catalog
- b. Processing partial purchase order

Summary - The changes made above have practically eliminated the errors usually found in conducting an inventory. As a result, the Storeroom can operate more efficiently and have an accurate inventory at any time of day or month.

F. Purchasing

This department is responsible for purchasing all supplies and equipment for the institution, paying for them and accounting for the consumption. Record expenses, purchases and payments were processed during the fiscal year. Replacement personnel have been hired and are progressing well in their training.

Substantial increases in the cost of all supplies have been experienced in the past year. All companies expect payments for goods as soon as possible and every effort to comply has been made.

G. Grounds and Transportation

The state of our grounds speak for themselves. Assigned a materials budget which has not increased within memory and fewer employees due to the hiring freeze, the department has responded with enthusiasm.

In addition to the care of the grounds the department provides manpower for a wide variety of transportation and rigging needs throughout the institution. Without their assistance much valuable donated equipment might not have been available to the institution. The transportation component of the department has met an ever increasing need for transportation of patients, employees and supplies. An additional vehicle was received during the year. Vehicle replacement must be continued each year to avoid excessive repairs and lack of dependable transportation.

H. Outpatient Department Renovation

The long awaited renovation of the Outpatient Department began in earnest in June, 1977 and is proceeding as scheduled, with a completion date for all phases in May, 1978. Phase 1, a modification of existing storage space for the new X-Ray and Dental Departments should be acceptable for use in the fall of 1978. Subsequent phases will be completed sequentially during the balance of the project year. Exterior work is proceeding out of phase to avoid working outside in the winter and has caused no more than the expected inconvenience.

FINANCIAL REPORT

1977

STATEMENT OF EARNINGS

Board of Patients

| | | |
|----------------------------|-------------------|--------------|
| Direct Payments | \$ 2,101.81 | |
| Blue Cross | 212,611.54 | |
| Other Third Party Insurers | <u>283,053.08</u> | |
| | | \$497,766.43 |

Out-Patient Services

| | | |
|--------------------------------------|---------------|---------------------|
| Private Payments | \$ 1,947.00 | |
| Blue Cross | 5,000.00 | |
| Other Third Par Insurers | <u>638.18</u> | |
| | | \$ 7,585.18 |
| Total Board and Out-Patient Services | | <u>\$505,351.61</u> |

Sales and Rents

| | | |
|--------------------------------|---------------|--------------|
| Food | \$ 9.70 | |
| Laboratory and Medical | 230.40 | |
| Grounds (Uncut Hay) | 450.00 | |
| Meals | 23,454.00 | |
| Room Rents | 9,925.36 | |
| Commission on Pay Stations | 444.97 | |
| Commission on Vending Machines | 861.50 | |
| Commission on Washers | <u>200.44</u> | |
| Total Sales and Rents | | \$ 35,576.37 |

Miscellaneous

| | | |
|------------------------|---------------|-----------|
| Jury Fees | \$ 14.00 | |
| Witness Fees | 35.00 | |
| Refunds Previous Years | <u>599.77</u> | |
| Total Miscellaneous | | \$ 648.77 |

| | |
|--|--------------|
| Total Cash Receipts reverting and transferred to the State Treasurer | \$541,576.75 |
|--|--------------|

| | |
|---|-------------------|
| Federal Share of Medical Assistance Title XIX | <u>318,516.00</u> |
| | \$860,092.75 |

MAINTENANCE APPROPRIATION

Appropriation, current year - 1977 \$4,018,440.00

EXPENDITURES AS FOLLOWS:

| | |
|--|------------------|
| -01 Salaries, Permanent. | \$2,787,760.00 |
| -02 Salaries, Other. | 390,619.45 |
| -03 Services, Non-Employees. | 124,293.00 |
| -04 Food for Persons | 80,898.05 |
| -05 Clothing | 3,293.61 |
| -06 Housekeeping Supplies and Expenses | 22,666.34 |
| -07 Laboratory, Medical & General Care | 108,777.40 |
| -08 Heat and Other Plant Operation | 253,997.54 |
| -09 Farm and Grounds | 945.23 |
| -10 Travel and Automotive Expenses | 4,798.66 |
| -11 Advertising and Printing | 3,200.00 |
| -12 Repairs, Alterations & Additions | 78,996.89 |
| -13 Special Supplies and Expenses | 5,568.90 |
| -14 Office & Administrative Expenses | 55,137.93 |
| -15 Equipment. | <u>52,385.36</u> |

Total Maintenance Expenditures \$3,973,338.36

Balance of Maintenance Appropriation June 30, 1977 45,101.64

INVENTORY

GRAND SUMMARY SHEET

June 30, 1977

REAL ESTATE-

| | | | | |
|-------------------|-------|-------|---------------------|------------------------|
| Land | 165.7 | acres | \$1,254,000.00 | |
| Buildings | | | <u>8,193,800.00</u> | |
| Total Real Estate | | | | <u>\$ 9,447,800.00</u> |

UNDISTRIBUTED SUPPLIES

| | | | |
|---------------------------------|----|-----------|---------------------|
| Food | \$ | 17,638.70 | |
| Clothing | | 946.79 | |
| Housekeeping | | 4,938.50 | |
| Laboratory, Medical and General | | 602.42 | |
| Heat, Light & Power | | 5,281.74 | |
| Farm and Grounds | | -- | |
| Travel and Automotive | | 423.88 | |
| Repairs | | 413.11 | |
| Office and Administrative | | -- | |
| Total | | | <u>\$ 30,245.14</u> |

DISTRIBUTED SUPPLIES

| | |
|-------|------------------------|
| Total | <u>\$ 1,137,065.00</u> |
|-------|------------------------|

GRAND TOTAL

| | |
|------------------------|---------------------|
| Real Estate - Totals | \$9,447,800.00 |
| Undistributed Supplies | 30,245.14 |
| Distributed Supplies | <u>1,137,065.00</u> |
| Total | \$10,615,110.14 |

LABORATORY DEPARTMENT

Approximately 62% of laboratory work necessary to meet our patient needs is performed by one in-house technician. The staffing pattern is from 8:30 a.m. to 4:30 p.m. -- Monday to Friday.

Emergency coverage is on a call system.

| | <u>Hospital</u> | <u>Dormitories</u> | <u>Day Students</u> | <u>Out- Patient</u> | <u>Other</u> | <u>Total</u> |
|-----------------------|-----------------|--------------------|-------------------------|-------------------------|--------------|--------------|
| Total M.H.S. tests - | 2,378 | 845 | 4 | 251 | 248 | 3,726 |
| Total People tested - | 1,029 | 485 | 3 | 160 | 125 | 1,802 |

Outside Laboratory Tests:

| | |
|------------------------------------|--------------|
| Amsco | 18 |
| Carney Hospital | 354 |
| Children's Hospital Medical Center | 57 |
| Leary Lab | 188 |
| Metpath | 1,244 |
| Mass General Hospital | 1 |
| New England Medical Center | 4 |
| Norwood Hospital | 1 |
| Public Health | 9 |
| | <u>1,876</u> |

Blood Utilization:

Carney Blood Bank -

| | |
|----------|-----|
| Received | 384 |
| Used | 109 |
| Returned | 275 |

MEDICAL RECORD DEPARTMENT

This year the Medical Record Department accepted students in various aspects of Medical Record training from three schools -- four medical record assistants from Blue Hills Regional Vocational School, two accredited record technicians from Massachusetts Bay Community College, and one registered record administrator from Northeastern University. It was an interesting and challenging experience having students here from all these levels and coordinating on-the-job training which would be beneficial to them. I feel it did prove to be a worthwhile experience and Massachusetts Hospital School benefited from the work performed by the students. It may be possible in the future to have an exchange program with Blue Hills Regional Vocational School so that personnel from the Medical Record Department could have more formal training in medical terminology and/or anatomy or other appropriate courses. This matter will be negotiated with our Personnel Director and Superintendent. I also anticipate having students again in the Spring of 1978 from these same schools.

At the time of the JCAH survey this year, I felt that the Medical Record Department was most highly complimented by the survey team. In their final summary both the physicians and the medical record department of Massachusetts Hospital School were complimented for the records surveyed.

We also were complimented by the Department of Public Health Medicaid Surveyor at our annual survey Utilization Review.

I have also continued to take advantage of seminars sponsored by the Massachusetts Medical Record Association regarding medical records and other related specialty areas.

In summary the Medical Record Department has continued its services in accordance to the needs of the hospital. We look forward to giving continued support within the coming fiscal year.

MEDICAL STATISTICS

| | |
|--------------------------------|--------|
| Admissions | 176 |
| Discharges | 166 |
| Total Patient Days | 38,198 |
| Average Daily Census | 104.64 |

OPERATIONS: 119

| | |
|---------------------------|-----|
| Orthopedic | 104 |
| Urological | 5 |
| Plastic Surgery | 2 |
| General Surgery | 5 |
| Neurosurgery | 0 |
| Oral Surgery | 2 |
| ENT | 1 |

CLINICS: 645

| | |
|-----------------------------|-----|
| Orthopedic | 163 |
| Urological | 52 |
| Neurological | 12 |
| Neurosurgical | 9 |
| X-Ray | 85 |
| Internal Medicine | 0 |
| Cardiology | 6 |
| Plastic Surgery | 1 |
| Ophthalmology | 12 |
| Otolaryngological | 1 |
| General Surgery | 0 |
| Pediatrics | 80 |
| Stoma Clinic | 27 |
| Dematology | 0 |

| | |
|-------------------------------|----|
| Pulmonary Clinic. | 6 |
| Milwaukee Brace | 13 |
| Myelodysplasia. | 11 |
| Dental. | 57 |
| Pulmonary Functions | 45 |
| Psychology. | 4 |
| Psychiatry. | 53 |
| EKG Clinic. | 6 |
| Immunization Clinic | 2 |

OUT-PATIENTS

| | |
|-------------------------------------|------|
| Pre-admission evaluations | 802 |
| Follow-ups. | 598 |
| Total In-Patients | 1380 |

NATURE TRAIL

An Environmental Educational Nature Trail for handicapped children located on the grounds of M.H.S. was officially opened on November 4, 1976 in a ribbon cutting ceremony performed by Governor Michael S. Dukakis.

This Nature Trail was especially designed for the physically handicapped and is $1\frac{1}{4}$ miles in length. It has markers along the way identifying important biological, geological and historical features for the traveler. It is the first of its kind in the Commonwealth and allows handicapped people an opportunity to be with nature. What was inaccessible is now accessible, thanks to a \$90,000 federal grant and a corp of volunteers combined in a community involvement program organized by M.H.S. administration. Contributions of both goods and services from various state, town, local community groups, Mass. National Guard, U.S. Marines, Blue Hill Regional Vocational School, Mass. Association for Handicapped Children Inc. made this \$90,000 federal grant blossom to a \$750,000 return of investment to the Commonwealth.

A Nature Trail lodge was constructed with toilet facilities that are also accessable to the handicapped with a huge educational center classroom with a complete Don Kent weather station. Our educational staff has taken full advantage of this Open Outside Classroom trail and each day some class K thru 12 is exploring some new adventure. This trail in the woods is specially graded for the wheelchair rider and is in a beautiful natural setting.

NURSING DEPARTMENT

The Nursing Department staff the Massachusetts Hospital School with professional nurses, L.P.N.'s and Nursing Assistants on a 24 hour per day, 7 day per week, 52 week per year schedule. The Nursing Department at Massachusetts Hospital School strives for quality care because these children can do with no less. As the population increases with the severely handicapped child, their case necessitates the expertise of the professional nurse; also, the age range from 3 months to 21 years with the emotional and psychological growth changes deserve more support than the present staff can give.

Assessment indicates:

Of a population of 118; 54 total care, 44 Assistive, 20 independent

M.H.S. averages 15 hours of care per child as a total care classification within a 24 hour period.

DIRECT PATIENT CARE

| | June, 1976 | 3-10-77 | 6-20-77 | |
|--------------------------|------------|-----------|-----------|---|
| R.N. | 30 | 26 | 23 | Nursing staff as of today Daily absenteeism 7-8 plus long term illness |
| L.P.N. | 32 | 29 | 26 | |
| Att. | <u>101</u> | <u>79</u> | <u>75</u> | |
| Total 24 ⁰ | 163 | 134 | 124 | |

Marked decrease in Nursing staff from June 1976 - June, 1977.
This occurred as a result of internal freeze.

CONTINUING EDUCATION

Adaptive Education Tapes - Law 766 (1976) M,N.A. approved 1.2 CEU -
12 staff members (1976)

Inhalation and Respiratory Therapy Course - 5 days - Tufts University
School of Medicine - Cont. Ed. Sheila Bell, R.N.

Pediatric Nurse Practitioner Program - 4 months - Northeastern University
Jane Lochrie, P.N.P. (1976)

Stoma Training Program, Boston University (6 weeks) 1976.
Shirley Clark, Enterostomal Nurse

United Surgical Workshop - "Stoma Workshop" 3 days, 1976
Shirley Clark, R.N. - Margaret Burt, L.P.N.

New England Hospital Assembly, 1976 - Theresa Taylor, R.N. -
 Kathleen Canavan, R.N. - Jane Lochrie, P.N.P. Jean
 Giagrande, L.P.N.

Management Patient Care - Boston College School of Nursing 1976
 Mary Soule, R.N.

Care of Spinal Cord Injured, Spinal Cord Injury Foundation 1976
 Sophie McDonnell, R.N. - Mary Gallant, R.N.

Pediatric Respiratory Problems - Sponsored by American Lung Association
 at M.H.S 1976 Many Staff Members

Hemodynamics - M.N.A. 1976 - Jean Mahoney, R.N. Claire Walsh, R.N.
 Lillian Andrews, R.N.

Nursing Audit, 1976 at M.H.S. Mary Conceisson, Nurse Consultant
 Mass. Hospital Association

Nursing Audit Conference - Lemuel Shattuck Hospital Elizabeth Moore, R.N.
 Jane Lochrie, P.N.P. Mary Soule, R.N.

Care of Burned Patient - Boston College, 1976 Erin O'Grady, L.P.N.

L.P.N. Convention - 1976 - Rae Mercer, L.P.N. - Margaret Burt, L.P.N.

Basic Life Support - 6⁰ Program, Mass. Heart Association, Dec. 1976
 13 R.N. certified

Basic Life Support Instructor's 11⁰ Program. Mass. Heart Association
 Instructor's Certificate, Jean Mahoney, R.N.

Regional Conference - President's Commission for Handicapped held at
 M.H.S.

Travenol Infection Control Seminar 1976 - Mary Lou Kepinski, R.N.
 Margaret Wilcox, R.N. - Shirley Clark, R.N.

"Recovery Room Maximum Care" - 2 weeks intensive program Children's
 Hospital Jean Mahoney, R.N.

Sudden Infant Death Syndrom - May 3, 1976 - Pleasant Valley C.C.,
 Sutton. Denise Kelly, R.N.

Fetal Monitoring Workshop - May 28, 1976 Sheraton, Newport, R.I.
 Denise Kelly, R.N.

Pelvic Phlebitis - Nov. 11, 1976 - St. Margaret's
 Denise Kelly, R.N.

New Trends in Mammography - Feb. 20, 1976 - St. Margaret's, Dr. Robert
 Dandrow Denise Kelly, R.N.

High Risk Pregnancy Sept 8, 1976 St. Margaret's, Dr. Barry Shifrin
 Denise Kelly, R.N.

Right to Life - May 14, 1975 - St. Margaret's Dr. Mildred Jefferson
Denise Kelly, R.N.

Neo Natal Sepsis - Dec. 4, 1976 - St. Margaret's
Denise Kelly, R.N.

Fetal Monitoring Workshop Dec. 15, Dec. 22, Jan 5, Jan 12,
St. Margaret's Dr. Curtis Detrulo Denise Kelly, R.N.

Changing Trends in Gyn Feb. 18, 1976 Dr. Robert Fallon,
Dr. Robert Dandrow Denise Kelly, R.N.

Rape Crisis - April 22, 1976 Boston College Denise Kelly, R.N.

Neo Natal Asphyria - March 30, 1976 Lemuel Shattuck Hospital Auditorium
Denise Kelly, R.N.

Clinical Applications of Research in Infant - Parent Relationships
Emmanuel College, Boston, Oct. 16, 1976
Charlotte Landholm, P.N.P.

Multidisciplinary Conference 1. emotional problems of physically
handicapped, 2. toilet training, 3. multidiscipline evaluation
and treatment of the handicapped child - Andover MA Dec.6, 1976
Charlotte Landholm, P.N.P.

Nursing and the Law - William Regan, J.D., 475 attendees, 0.6 Continuing
Education Credits, May 10, 1977

Grand Rounds - monthly guest lecturer

Ostomy Clinic Conference, Enterstomal Nurse

Field Trips and Special Nursing Commitments

Mt. Auburn School of Nursing, senior students, Field Trip
Boston College School of Nursing, R.N. students, - Cerebral
Palsy Clinic

Boston University School of Nursing senior students
Field Trip

Catherine Laboure School of Nursing, senior students
Field Trip

Student Affiliations at M.H.S. for Pediatrics and Rehabilitation 1976-1977

| | |
|---|-----------|
| Boston College School of Nursing - Spring Semester | 24 B.S. |
| Catherine Laboure School of Nursing - Fall & Spring | 120 A.D. |
| Chelsea Soldiers Home School of Nursing - Spring | 28 L.P.N. |
| Pondville Hospital School of Nursing - Spring | 30 L.P.N. |

Newton-Wellesley Hospital School of Nursing - Fall
2 special placements - Diploma
Keuka College, New York, School of Nursing - Spring
1 special placement - B.S.
Boston University School of Nursing - Fall
2 special placements - B.S.

PHYSICAL THERAPY DEPARTMENT

| | |
|---|-----------|
| Number of days. | 251 |
| Number of Registered Physical Therapists. | average 8 |
| Number of P.T. Professional Student Hours | 1680 |
| Number of Department Secretarial Hours. | 853.5 |

| | |
|--|---------------|
| Man-hours worked. | Total. .17928 |
| by Registered Physical Therapists. | 14334 |
| by Physical Reconditioning Aide. | 1804 |
| by Physical Therapy Aide | 1790 |

| | |
|-------------------------------------|----------------|
| Number of Patients Serviced | Total. . 10109 |
| Hospital - Resident | 4488 |
| Cottage - Resident | 3579 |
| Day Hop - Student | 1672 |
| Outpatient - | 370 |

| | |
|-------------------------------------|----------------|
| Number of Service Units Given . . . | Total. . 38135 |
| Hospital - Resident. | 16291 |
| Cottage - Resident. | 12357 |
| Day Hop - Student | 7560 |
| Outpatient - | 1927 |

| | | |
|--|-------------|-------------------|
| Number of Different Patients Serviced. . . | Total . 331 | |
| Hospital - Resident | 138 | |
| Cottage - Resident | 99 | Note: Some appear |
| Day Hop - Student | 40 | on more than one |
| Outpatient - | 132 | list |

Average number of service units/day & RPT . . Total . . 152.1 and 18.6

| | |
|---|--------------|
| Physical Reconditioning Service Units | Total. .2783 |
| Hospital - Resident | 1091 |
| Cottage - Resident | 1670 |
| Day Hop - Student | 3 |
| Outpatient - | 19 |

SCHOOL

Following is the Annual Report of the School Department for the school year which opened on September 8, 1976 and closed on June 22, 1977

SCHOOL STATISTICS

School was in session 180 days.

School day: 8:45 a.m. - 12:00 Noon. 1:00 p.m. - 3:30 p.m.
Recreation/Physical Education Program in the school gym
and living areas - 3:30 p.m. - 7:30 p.m.

Total number of students served including day, residential, and Baylies - 214 students.

Baylies - 32 MHS residential - 157; MHS day school - 25
(Baylies day school - 28; Baylies residential -4)
Average Daily Attendance in MHS day school 22 (approximately)

Students in the regular school program came from 78 different cities and towns of the Commonwealth; Baylies students came from 9 different cities and towns.

SCHOOL CENSUS

As you will notice from the statistics presented, we had a total of 214 students whom we served over the course of the year. Many of the short-term surgery patients do not even appear on the school registers since they spend so short a time with us and are carried on their local school registers. These students bring work from home and are given tutorial assistance from our Bedside Teachers who are/were hired under Federal Grant 89-313.

Included in the total number of students are 25 MHS day school students and 28 Baylies Pre-School day school students.

Although it would appear that our student-teacher ratio is favorable, note that a number of classes have had over ten students in them. All of the students need special assistance, and the majority of the students need help in putting on and taking off coats, getting books, turning pages, moving from place to place, assistance in toileting and in all manner of the activities of daily living. Within each class exists a wide range of learning abilities necessitating for the most part an individualized approach to learning/teaching. Students are being taught on their own levels in all academic subject areas. In view of these facts, it is essential that the student-teacher ratio be kept low and in some cases lowered. We are in some cases limited in giving the one-to-one learning approach which is so essential in dealing with our multiply handicapped population.

SCHOOL CALENDAR

The school calendar was written in accordance with State Law to include 185 days or a total of 990 hours in the high school and 900 hours in the elementary school. On the first and third Wednesdays, the elementary school was dismissed to allow the teachers to meet in committee for the

purpose of curriculum revision and the implementation of new projects and programs. This was the second year of such program. The teachers have been able to continue the reorganization of the reading and math programs and to insure that the entire elementary program is integrated from grade to grade. Instruction has been individualized to some extent for all students. For other students, the total instruction has been individualized. The next school calendar will provide similar planning and preparation time.

FACULTY

Nursery School/Kindergarten - During the past year both the Nursery School and the Kindergarten children have been attending school in the Baylies Preschool. This has allowed us to have one teacher in each of the levels from 1 through 6.

Intern Teachers - We were delayed in hiring four intern Teachers until October; however, from October through June we had the Intern Program. Teachers attended medical lectures given by Dr. O'Hare, Dr. Kilfoyle, residents. Surveys of all other hospital departments were made by Intern Teachers. Each Intern, in addition, had a full program of teaching. All Interns were certified Massachusetts teachers well able to carry out programs.

89-313 Federal Grant Personnel - Under this grant we were able to hire Teacher/Student assistants. The six paraprofessionals served in a wide variety of areas. In addition to assisting the teachers in the capacity of teacher aide, these dedicated people served the needs of the students in attending to all manner of personal needs. They helped students with toileting, eating, writing, pushing, putting on clothing, etc. In the classroom, under the supervision of the classroom teachers, they instructed small groups of children. They acted as supervisors of the day school students during the lunch periods.

James Lynch, Physical Education Director, and two assistants organized and planned meaningful physical education/recreation programs for all the students.

In addition, this past year we were able to hire two supplementary teachers. These two persons were able to direct the activities of students confined to bed. They were called upon to substitute in the classroom to allow the classroom teacher to take part in Core Evaluations and making contact with Program Coordinators.

Students and staff alike recognize the important contribution the sports program under 89-313 makes to a well-rounded school experience. The program continues to provide all the normal aspects of true competition so essential to students.

The Hospital School Staff is composed of individual people sometimes holding different viewpoints. However, in one area ALL are in agreement. The personnel which comes to us under 89-313 is of great value to the total school programs. We are indeed fortunate to have received this grant. A complete summary of the grant will be prepared in the near future.

For the next school year we have received a grant of \$64,800 to continue and expand programs at MHS.

PROFESSIONAL ADVANCEMENT

During the school year 1976-1977 the teachers, in addition to fulfilling their responsibilities within the classroom and attending Core Evaluations for each of their students, were able to take advantage of going outside MHS for a wide variety of experiences. Some of the activities included:

Eliot-Pearson Curriculum Lab. and Children's School
Randolph School for the Deaf
Mass. Speech and Hearing Association
Cotting School for the Handicapped
Bureau of Institution Schools - In-Service Workshops
Several Teachers took advantage
Lakeville Conference on Low Verbal and Non-Verbal Children (Several)
ACLD Conference (Several)
Educational Developmental Center
Language and Language Arts Workshop
American Speech and Hearing Assn. Workshop - Regional Conference
Fernald State School (BIS - In-Service - Several)
Liberty School - Braintree - For the purpose of student
transfer to Public School (2)
Special Education Materials Fair (Several)
Brookline High School - Morals and Learning on the
Elementary Level

The Intern Teachers took trips to places of their choice as well as those mentioned above.

CORE EVALUATION UPDATE

Core Evaluations have continued through the school year. Not attached list of CET's which have been completed.

In addition we have dealt this school year with more than 15 program coordinators who have been given the responsibility of checking Cores with programs. Add to these persons all of the Local Education Agencies who have taken their responsibility of educating the children from their communities (or finding out what their children are doing) and you have a + responsibility for employees at Mass. Hospital School and even a duplication of efforts by the Program Coordinators and the LEA's. The person writing this report has been overwhelmed by this responsibility. A responsibility given without additional persons to handle it.

We have spent hundreds of hours in gathering quarterly reports for all students and in submitting such reports to communities for their use or filing. It is estimated that the cost of mailing of such reports would be well in excess of \$75.

I have asked during the next school year for a person/s to assist in relating our work at MHS with the work being done by the LEA. This would be a very great assistance in our effort to transfer appropriate students to LEA responsibility as well as in endeavoring to help the LEA's to cope with children in the community or, indeed, to transfer appropriate candidates to this facility.

Persons from the outside do, indeed, make demands upon our staff, thus taking away services from children.

My first obligation is to meet the needs of children; then staff; then outside - LEA/Program Coordinators.

The School program is not interrupted unless the needs of the student are met by such interruption.

In addition to the CET's listed a number of CET's have been done with the Local Education Agencies - Cities and Towns of the Commonwealth.

SCHOOL ACTIVITIES

In addition to the regular school activities the following events took place during the school year:

Boy Scouts (directed by Frank Drummey) Cub Scouts, Girl Scouts - all met bi-weekly.

Debate Club - Forensic League Sponsor - Board of Trustees) met weekly and attended several events during the school year, off campus.

Driver Training Class was held weekly. Fifteen students attended the class. Of the 15, thirteen obtained permits to drive. Twelve have been out in the driver training car under the direction of Thomas Comer. Within the next few months, ten students will be licensed to drive. In addition, three students have been taking lessons under the Mass. Rehab. Commission.

Under Federal Grant 89-313, we were able to have a well-rounded sports program. Wheelchair Hockey/Basketball were played each Tuesday/Wednesday evenings with outside competition. Note the Won/Lost scores of our teams:

| | WON | LOST | TIED |
|-----------------------|-----|------|------|
| Boys/Girls Basketball | 21 | 9 | -- |
| Boys Hockey | 27 | 3 | 2 |
| Girls Hockey | 20 | 9 | 3 |

Religious Education - Voluntary

Throughout the school year on each Tuesday (after school) religious education classes were held. Rabbi Mann, Father Keohane/Father Frost, and Rev. Babcock conducted the classes. Both Father Keohane and Rev. Babcock at this time; Father Frost has taken the place of Father Keohane.

Other Events Held Through the Year

| | |
|--------------|------------------------------------|
| September 13 | Norwood Elks Cookout |
| October 27 | Halloween Party - Student Council |
| November 13 | Preliminary White House Conference |
| November 13 | Alumni Banquet |
| December 9 | Elks Christmas Party |
| December 12 | Annual Cootie - VFW - Party |
| December 13 | Milton Post Band |

| | |
|-------------|--|
| December 15 | Student Council Christmas Party |
| December 22 | Tea and Concert |
| May 4 | Tree Planting - for Mrs. Jacqueline Kelly |
| May 14 | May Day - Attached |
| May 16 - 20 | Field Events - Recreation Program |
| May 26 | Annual Sports' Banquet and Awards Night |
| June | SAT's Administered |
| June 3 | C.P. Institute - B.U. Dr. Miller. Students and Staff |
| June 4 | Annual Alumni Picnic for Graduates |
| June 8 | Graduation Dinner |
| June 12 | Graduation |
| June 15 | Cub Scouts Blue and Gold |
| June 16 | Annual Student Concert |
| June 18 | Alumni Day at MHS |

Student Activities - Highlights of the School Year

Under the direction of our now Acting Superintendent, the Environmental Educational Trail in the woods and by the lake was dedicated in early November. The day couldn't have been more beautiful, for it was "Spring in the Fall." We have been continuously using the trail as our "Outside Classroom." Each day finds some class from K through 12 running down the mile-long trail. A Nature House with full Don Kent weather station is much appreciated and will be much used by all classes. We are certainly grateful to Mr. Graham for his part in helping to make the trail a reality and to the Massachusetts Association for Handicapped Children for contributing so generously to the development of the trail.

Teacher Committees

As previously mentioned, the elementary teachers had the first and third Wednesday of each month - P.M. - to revise and organize curriculum. Teachers were able to group children according to reading and math abilities and develop a non-graded structure for the entire elementary school. This time was also used to make visits to other schools as well as to develop individualized programs for a number of students.

Reading/Language Committee. Secondary teachers identified students and established groupings for Language and Reading instruction. An oral language program for selected students was instituted.

Math - Secondary/Elementary. Committee established sequential curriculum and groupings for all students in grades 7 through 12.

Vocational. Began to establish work/study programs for selected students. Students were assigned to work stations in the school office, home economics room, and industrial arts room. USE - Unique Student Experiences will be continued into the new school year.

Goals and Objectives Committee. Teachers explored the objectives and priorities for the new school year - 1977-1978. Committee will remain active.

Discharge Planning Committee/Team. The Chairman of this Team was Eric Falkof School Guidance Person. Team members included, Nurse, Mary Gallant - P.T. Helen Hillman - Donovan Experience, Alice King - Social Service, Sondra Kravtin - Psychologist, Karen Kushman - Nurse, Sophie MacDonald - Medical, Dr. Murphy - O.T., Mary Nuhibian - Attendant, Erin O'Grady - Nurse, Irene Sumption - Medical, Dr. Rolle-Day. The committee met once a week beginning

early in the school year.

The DPT is a group of professionals in the health care and educational fields whose mission it is/was to assist students/patients who are/ were about to graduate from high school to cope with the pressures and problems of our complex society. Through direct service and counseling, it accomplished the job of college placement, housing, Supplemental Income, medical and psychological referrals, and more. Although these seem to compromise a monumental task, through shared effort and understanding agency counterparts, much of the task was/is eased and accomplished.

Student Advisory Council

One of our students Joe Prochilo served for the entire year on the Department of Education Student Advisory Council. He enjoyed going into Boston for the committee meetings, and proved to be a top contributor at the meetings. Note his election to a higher committee.

SUMMARY

Serving under the Department of Education for the third successive year, we have seen many stumbling blocks removed. The time between vacancies and hiring personnel to fill vacancies has been shortened. This past year certainly has been successful from our point of view. Although we have encountered some problems, solutions to those problems have been quickly resolved.

IN APPRECIATION

The success of our school year is due in no small measure to the cooperative effort of students, staff, parents, and friends.

I would like to take this opportunity to thank some of the people who have lightened our burdens and made our work easier as well as making us pleased to be associated with Massachusetts Hospital School.

To the Board of Trustees for all the assistance which they have given both in work, in word and in deed \$\$\$\$\$. Through the Board we were able to reward students for assisting other students, give awards at graduation, arrange trips to museums, etc. The members of the Board continue to be an inspiration to me and to the entire school staff. For \$\$ for the Donovan Experience, Thank you.

To John Stewart for his help in ordering some supplies and in watching over our leaking roof. (August will find little men running over the roof and sealing it tight!)

To Ed Graham - Acting Superintendent - for his invaluable assistance in carrying out programs for the kids. For his effort in collecting \$ for our new scoreboard and for our summer programs. For everything he has done - and I do not have enough paper left to write it down - for being our Superintendent, our Assistant Superintendent, our Administrative Assistant for this period of transition in the life of MHS, Mr. Graham receives our "Three Cheers" multiplied.

To Mr. Dodge for arranging the wide variety of school trips.

To Mrs. Johnson for planning lunches for the students when on trips off campus. For planning and preparing the teas which we have had during the school year - Christmas, Tree Planting. For the gala Sports Banquet in May.

To John Sinnott who is not only my right hand but my left as well. For his untiring effort in arranging student programs, teacher schedules, interviewing, for staffing when we were six short at the beginning of the school year, taking care of student teachers and volunteers, etc.

To all the teachers who carried on their programs in spite of many interruptions in the year. For their cooperation with Program Coordinators in giving up their planning time for conferences, and for going the "one step more" for the children in their charge.

To the entire Hospital Staff - Nursing, O.T., P.T., Medical, Administrative, Dietary, Maintenance, Groundsmen - for the cooperative spirit which we enjoy at MHS.

To our former leader Dr. Callahan for inspiring us to carry on the work of MHS after he left us.

To personnel in the Department of Education for their invaluable assistance in supporting us in town:

Tomi Olsen - for help with filling vacancies
Martha Cezarze - for help with 89-313 and the RFP process
Jackie Belf-Becker - for assistance with personnel problems/issues
Ginnie Bouchard - for sending us stamps
Leon Kauffman - for handling our orders at the D. of E.
Ted Donn - for handling problems which we have with insurance, etc.
Martha Flashtase - for keeping our payroll straight.

Dr. Anrig and Dr. Audette for their efforts in behalf of BIS children.

Gene Booth - for being both the Director and the Assistant Director of BIS and handling both jobs "like a pro" for keeping us up-to-date on all of the D. of E. affairs in town; for successfully managing the unmanageable from 18 miles away.

To Frank Callahan and the Canton Public School System for handling the financial aspects of our 89-313 grant so effectively and efficiently.

SOCIAL SERVICE

The Social Service Department of Massachusetts Hospital School has continued its philosophy of patient advocacy, community intervention for active and former MHS patients, and systems intervention and consultation in behalf of the resident population---in collaboration with all departments of MHS. At the close of this fiscal year all active patients have assigned social workers and the goal ahead for the department consists of developing new strategies for planning in light of the depleting resources in our communities for the handicapped. It has been a most challenging year for all staff members as daily we address the issue of a quality of life for the handicapped at a time in our society when the issue of quality of life applies to all individuals burdened with the economic and social pressures of the 70s.

Over the course of the last several months this department has concerned itself primarily with our high risk families for whom economic hardships have played havoc with family life. There has been an increase in documented situations of family dissolution thus leaving one parent with the major responsibility for total care management of a child on weekends and school vacations. The result of these deteriorating social situations is that more is asked of MHS staff and the facility as a whole. Many children have survived these pressures because of the consistent caring from MHS floor staff. Others have become identified as the "problem children" requiring team intervention from all departments. These social problems have serious implications for discharging patients.

In the Fall of 1976, Social Service initiated team rounds in the cottages thanks to the support of Dr. Trudy Murphy of the Pediatric Department. This mode of interdisciplinary consultation involving the school, nursing, social service, physical therapy and occupational therapy has contributed to a more comprehensive evaluation of the "problem children" since all staff are in a position to contribute impressions and evaluate their own responses to a child in the context of the child's immediate home situation and his current rehabilitation program at MHS. This exchange has lead to more flexibility in planning and hopefully in the coming year will more intensively address the issue of life planning as they will relate to the child's eventual discharge from the Massachusetts Hospital School. While this developing team effort currently requires more shared responsibility among team members it has proven to be a useful tool for educating all team members to relate as members and thus work together for the children.

The second inter-disciplinary team effort underway at MHS is that of the discharge planning team. Under the chairmanship of Eric Falkoff of the School and the addition of team member Alice King, the social work member Sondra Kravtin was enabled to function in a more collaborative fashion relative to community resources since this continuing care area became a shared responsibility with Alice and the residents. Again, the process of team meetings led to more in-house awareness of the life problems facing our handicapped populations upon graduation. Sondra was an excellent advocate for this committee and had total responsibility for setting up housing and home-back up plans for all graduates. Housing was a phenomenal roadblock to good discharge planning since all vocational and financial planning around where the graduate would settle so that the social worker's role was more challenging this year than it ever has been due to limited options in the community. Each year we are coming to recognize more and more the

importance of educating our own co-professionals to systems problems as they relate to student anxieties. In essence, we are becoming continuing care planners.

Joint Commission On Accreditation And Social Work Standards

Social Service entered into its own departmental team effort this year to meet the Joint Commission standards of the American Hospital Association. All patients at MHS received individualized social work planning thanks to the addition of staff to the department. All cottages and hospital wings were assigned a social work staff member, one staff member covering both a floor and a cottage. In addition, in January of this year, social work assignments became more health care focused with social workers working more directly with the consulting staff at the clinic level. The importance of social work representation at clinics is becoming increasingly more recognized as physician referrals have noticeably increased over the past several months. In effect, our physician staff are coming to know our children's psycho-social and family problems as they have become more comfortable about calling on the social worker for information. This department looks forward to a closer working relationship with our clinics in the months ahead. Psycho-social evaluations entered in the medical records this year have likewise led to a more comprehensive understanding of our MHS families, and, in particular, an increased understanding of the many stressors currently causing pressures in our parent populations. This parent participation in the health care plans of MHS children has likewise increased as a result of the excellent clinic coordination provided by Ann Iverson and clinic nursing staff.

The simple addition of clinic notification cards to parents has made a marked improvement in MHS - parent relationships and parent representation at clinic.

As has been our strategy over the past three years, this department has updated our social profiles and undertaken new survey efforts. These profiles in time, when read and evaluated by MHS consultant staff as well as in-house staff should serve to enhance our staff understanding of the MHS child in the context of his/her family. Administrative support in terms of encouraging the persual of these profiles is very much needed as currently I feel we have only initiated a process of education. For this education to communication is essential.

Admission Report

Mrs. Florence Dodge, MHS Admissions Officer reports 113 admissions to MHS during fiscal 1976. This figure, Mrs. Dodge Reports, will not agree with actual "census figures" as it does not include those patients transferred back from other hospitals who are admitted directly to the floor without necessitating signing in, not the patients discharged and readmitted within 15 days to the floor. In addition, Mrs. Dodge reports 27 evaluation visits planned by her department

Social Service Intake Report

Historically Intake was not a formalized recording process at MHS with detailed information recorded over time primarily because it was not a

function clearly understood within MHS as a valuable social work function and service to the facility. Also, there was overlapping between social service and the admissions office primarily due to the key person in the area of information relative to MHS services. However, through the combined efforts of Mrs. Dodge and the social workers a more professional and comprehensive intake procedure has been developed to afford referring agencies a more in-depth community consultation and pre-screening collaborative effort on behalf of handicapped individuals. In May of 1976 intake was recorded more systematically by the Social Service Department to allow for an overview of state wide referrals or inquiries to MHS and thus enable administration a look at where our residential inquiries are coming from. These figures are separate and apart from actual referrals to MHS for medical admissions of a short term nature, since this aspect of intake is the sole function of the admissions officer.

Survey of Social Service Intake

Between June 30, 1976 and July 1, 1977 Social Service received 115 inquiries and/or referrals to MHS. Any active request for a pre-admission evaluation was referred to Mrs. Dodge for pre-admission evaluation for the residence or to the Tempo team for pre-screening for developmental services and a short term admission to MHS. The figures presented here are Fiscal 76 figures. The state-wide regional breakdown for inquiries is as follows:

| | | |
|--------|-----|----|
| Region | I | 4 |
| Region | II | 7 |
| Region | III | 11 |
| Region | IV | 9 |
| Region | V | 21 |
| Region | VI | 12 |
| Region | VII | 31 |
| Total | | 96 |

1. Of the 115 referrals, 19 referring parties did not identify a specific client or the region for which the exploratory call was being entered. (thus, the disparity of 96 vs. 115)
2. Forty-six children for which referring social workers placed an inquiry were between 2 months and 5½ years of age and the primary service being requested was medical and developmental evaluation, i.e., short term admission to MHS. These constituted Tempo admissions.
3. The following agencies/referring parties constitute the identification of the parties interested in MHS services:

Referrals entered from -

| | |
|--|----|
| Parents | 21 |
| Special Needs Coordinators of School systems, CET member | 32 |
| Hospital, social worker staff | 22 |
| Foster parents | 2 |
| Religious organizations | 1 |
| Nursing home staff | 1 |
| Family health service staff | 1 |
| School psychologists | 3 |
| Relatives | 2 |

| | |
|--------------------------------|-----------|
| Family friend | 1 |
| Office for Children | 3 |
| Visiting Nurse staff | 1 |
| Community Clinic staff | 8 |
| Office of Social Service staff | 5 |
| Department of Mental Health | 3 |
| Pediatrician | 1 |
| Total | <hr/> 109 |

(6 inquiries recorded were repeat calls on the same child, the second calls firming up a request for pre-admission screening)

The significance in detailing the above is primarily to point up the need for a good deal of public relations planning with the key community agencies which apparently lack a good understanding of MHS and to services in particular, the Office for Children, the Department of Mental Health, and in fact, our own state wide sister clinics of Handicapped Children's Services. It is hard to believe that children serviced in our Department of Public Health in some cases qualify and require the long term care services of our school and medical program given the data we have recorded this year on our own MHS families unable to cope with the physical care demands of their handicapped offspring.

I submit this report to support and emphasize the need for media coverage of M.H.S. services and, in particular, the need for a mailing of MHS brochures to all regional special needs offices, Department of Public Health, Department of Mental Health, and Offices For Children, offices throughout the state. A state-wide lack of understanding about services available at MHS is the key reason, I feel, for our current underutilization and census drop.

Statistics

A unit of service statistical plan has been devised this year and initiated in May. This method of recording should allow for some understanding of the time consuming efforts of the social workers in effecting services for patients not only in the area of psycho-social counselling but around community integration efforts as well. It is my feeling based on several conferences in Boston with the state-wide social work staff and Mr. Isaac Seligson that the social worker's role in the DPH network of health care delivery is much misunderstood and often interpreted as that of the old income-maintenance worker of the welfare department. In this last annual recording I wish to emphasize that the DPH social worker is the best advocate a physician can have in today's system because it is the deep respect that every social worker has for the efforts of the physicians in behalf of the disabled that re-inforces the efforts for each social worker advocate toward a quality of life for the children the physician cares for. This needs to be a healthy partnership and at MHS I believe it is. The social problems facing children and parents today are so far-reaching that the system as a whole must recognize the need for fostering inter-disciplinary communication to its fullest not only to support good health care efforts for patients but to support the health care providers as well since the health care system seems so often to be the target of criticism and judgement today, and physicians often bear the brunt of displaced anger from parents simply because it is becoming more and more difficult economically to manage full time the care needs of a handicapped child. Recording statistics on these issues does not truly bring home the reality of what this service is all about.

Termination

In closing this annual report, my last, I wish to say that I am in deep admiration of the school and medical staff of MHS for their untiring efforts on behalf of this very wonderful population. I wish to emphasize, in addition, that the social workers at MHS with whom I have shared my responsibilities and at times on whom I made great demands, are the most caring and loyal group of individuals I have had the opportunity to work with in my twelve years in social work. No department effort can come together without people who work hard to make it work. I shall treasure these associations and sincerely hope that the new director will appreciate the individuality and creativity in social planning that I have witnessed in all of the workers. Lastly, I thank the "Movers" of MHS, in particular, our former Superintendent, Dr. James Callahan, and our current Acting Superintendent, Mr. Edward Graham, as well as our Medical Director, Dr. Richard Kilfoyle, and our Assistant Director, Dr. James O'Hare, and our Nursing Director, Ms. Florence Brickett, for all of the support shown this department.

SUMMER CAMP PROGRAM

A four-week camp program for physically handicapped children was offered at Massachusetts Hospital School this summer. The camp was sponsored by Family Health Services and the Massachusetts Hospital School Board of Trustees, with no additional cost to the Commonwealth. It was operated on the M.H.S. campus. The camp was in session for two 2-week sessions and served a total of 37 children.

The goals of the program are to provide an opportunity for social development and recreational experience for physically handicapped children. The program's priorities in selecting applicants are as follows:

1. to serve 40 physically handicapped children.
2. to provide a respite care program for families caring for severely handicapped children.
3. to serve physically handicapped children placed in other institutions and pediatric nursing homes who appear to be misplaced and may have a better potential.
4. to serve physically handicapped children who appear to be underserved or not adequately connected with community resources.

The children resided in a cottage setting with play areas and a lake available. The children also took several field trips. Physical and Occupational therapy services were available as well.

The camp was offered at no charge to the family.

TEMPO

In April of 1973, the state's first program to meet the total needs of multiply handicapped children and their families originated at Massachusetts Hospital School in Canton under the sponsorship of Family Health Services, Department of Public Health. The program was designed as a short term developmental evaluation nursery project for multiply-handicapped children between the ages of three months and five years of age. Specifically, program goals focused around the special needs of severely involved children with the birth defect of spina bifida.

Once established as a unit with expertise in the area of congenital deformities, however, additional service needs became identified. The need for in-depth evaluation and programming for other handicap groupings such as cerebral palsy, microcephaly, multiple congenital anomalies, chronic viral encephalopathy syndromes, etc., became apparent. The project expanded in the first fifteen months to include as many handicapping conditions as this non-acute short term unit would allow, i.e., several undiagnosed children were referred as were traumatic injury brain-damaged youngsters. The resounding theme throughout each thirty day admission was that of family stress and often family disorganization. A large portion of the families were on the brink of separation due to marital discord centering around mutual guilt between parents. Community services were not being mobilized to intervene with counselling and respite care programming to relieve tensions. Family distress was often related directly to the inadequacy of services the family received at the time of the child's birth. Limited information-sharing and medical interventive services, disjointed clinic follow-up care, and phenomenal medical expenses exacted a heavy toll on families. The initial development of a supplementary medical evaluation unit gradually evolved into a crisis-intervention unit and consultation service for multi-handicapped children.

Paralleling the development of the Nursery Project at Massachusetts Hospital School was the state-wide Pediatric Nursing Home certification program, a licensure of the Department of Public Health.

In February of 1973, the first pediatric nursing home program opened at Monrath in Groton, Massachusetts. This privately owned corporation was to direct services to those families already physically and emotionally depleted from the care of their children who basically were too desperate to participate in an intervention model such as was being developed for Massachusetts Hospital School. These children being placed were from "burnt out" families. A period of respite of long duration would be necessary before children would be able to leave the facilities. However, respite did not become the service of this corporation nor did habilitation planning as such because the agencies representing these children pulled out their representation once placement was effected. Forth-three of the earliest children were Department of Public Welfare and Department of Mental Health children. By the nature of the certification and licensure procedure of the Department of Public Health the remaining state agency involved was the Department of Public Health in spite of the fact that the Department of Public Health was not and is not at this time licensed or legislated to do foster care. Responsibility on the part of the other two agencies was not legislated so therefore the burden of the Department of Public Health sponsorship thus

became a relegated responsibility for guardianship as well. These children became the abandoned children of the system. As a result, through default other agencies came to look at the Department of Public Health as the guardian of multiply-handicapped neurologically impaired children and more than that today demand that the Department assume this function. This is a gross neglect of mandated responsibility on the part of the Departments of Public Welfare and Mental Health. To add to today's pressures on the Department of Public Health, the Office for Children seems to be identified with the Department of Mental Health in fostering this movement. Resolution of these systems issues currently exists with the Commissioner of the Department and perhaps even with the court or the Governor if they continue to be non-negotiable issues.

An estimated two-hundred families are in need of crisis respite care services. Some of these families are not yet to the point of seeking pediatric nursing home placement services. These families are what we would refer to as the fragile families who may still be reached and assisted in their own communities. Many of these parents are primarily in need of intensive medical education around their child's handicap and ways of dealing with home management issues to allow for some semblance of family life with involvement of the handicapped family member. It is this sector of the population that the current Tempo Program is addressing its services. It is the lack of **medical intervention** and education that can perpetuate the crisis leading to decisions for institutionalization because it is fear of the future that feeds the institutional process itself. The Department of Mental Health currently advertises early intervention services to children 0 - 3. The service in reality consists of home visitation by a social worker and an occupational therapist. There is no extensive lead-in medical and developmental evaluation process to make this a viable intervention mechanism. Having attended recent meetings with very dedicated staff of the Department of Mental Health I have listened to the Department of Mental Health staff vocalize their anxieties around this mechanism staving off the need for institutional placement one day. These anxieties are understandable because one must have a comprehensive treatment plan in order to deal with such situations. One certainly must have a basic medical/educational prescriptive plan as a lead-in to such an effort. It is this medical lead-in plan which in fact could prove to be the link between the Department of Public Health and the Department of Mental Health planning for the potentially institutional child. It is through a medical consultation and community planning partnership that the two departments could share responsibility for planning for these children.

How will this state crisis be resolved given the current posture put forth by the Department of Mental Health at this time, namely, that the Department of Mental Health does not have responsibility for children between ages 3 - 21? Just as the Department of Mental Health thrust over responsibility for the Monrath children in 1973, it now proposes to put the onus for planning for the special needs population of ages 3 - 21 onto the Department of Education which like the Department of Public Health is not mandated to be the guardian for these children. If one calls on the Department of Mental Health today for assistance in planning around crisis needs issues of the community mongoloid child the clear response is that 766 has the ultimate responsibility for school planning. This may be so for school planning recommendations but no state agency via this law was given permission to pull out on responsibilities clearly mandated before the law was passed to insure mental health and physical health planning, i.e., Department of Mental Health and Department of Public Health mandates.

In summary responsible decision-making by all systems agencies at this point in time must be addressed if we are truly to call ourselves public servants.

Currently, the foregoing issues relate very specifically to the services being offered as crisis intervention services by the Tempo Project. If Massachusetts Hospital School as a total facility were to be forced by current political-systems pressures to open the doors to long term custodial care the in effect, I would recommend the closure of the Tempo Project. A de-institutional program emphasis could never survive in a setting allowing for open-ended institutional care nor could the families served continue to hear the message the program currently delivers.

Question: Why does Tempo define itself in relationship to Massachusetts Hospital School? In essence Tempo staff currently operates under the auspices of the Medical Department and the Superintendent. The program's short term service is dictated by policy. Should the Massachusetts Hospital School program be defined by parties outside this facility who do not appreciate the budgetary problems not the implications of overloading our academic program with developmental programming of custodial care children so too would this directly affect Tempo's de-institutional approach. Tempo, likewise, would be propelled into long term custodial care planning. The Commissioner must not allow this to happen.

Today, Tempo is operating on two fronts, inpatient and outpatient. Currently our census records indicate twice as many clients are now being served via our outpatient contract, i.e., in six months 43 clients were served on an outpatient basis. In the coming year the program could be in a position to serve 150-200 clients, four times the number of clients served in 1973-1974. If Tempo, within the limits of this small team can document this growth so too are there tremendous implications for Massachusetts Hospital School as a whole to develop a similar model for short term medical-diagnostic and surgical intervention services. In addition our lengths of stay as defined in our new contract have been shortened to two weeks except for 15 clients we identified as requiring a full 30 day evaluation. Our current growth, however, is still limited by staffing problems as they affect the accommodation of patients on the hospital wings. Tempo census is attached with identification of diagnostic categories served.

In summary, Tempo, like Massachusetts Hospital School, is becoming increasingly recognized as a primary medical resource state-wide. The program's future will hinge on the current resolution of systems pressures to dictate the program at Massachusetts Hospital School.

X-RAY DEPARTMENT

TOTAL CENSUS

FISCAL YEAR 1976 - 1977

| 1976 | <u>PATIENTS</u> | <u>EXAMS</u> | <u>FILMS</u> |
|-----------|-----------------|--------------|--------------|
| July | 133 | 159 | 245 |
| August | 81 | 100 | 153 |
| September | 121 | 184 | 265 |
| October | 183 | 186 | 398 |
| November | 115 | 208 | 294 |
| December | 97 | 142 | 241 |

1977

| | | | |
|----------|------------|------------|------------|
| January | 144 | 211 | 400 |
| February | 118 | 159 | 251 |
| March | 167 | 247 | 383 |
| April | 133 | 172 | 277 |
| May | 134 | 168 | 245 |
| June | <u>134</u> | <u>186</u> | <u>373</u> |
| Total | 1650 | 2308 | 3898 |

| | |
|------------------------------------|------------|
| Total number of employees | 44 |
| Total number of pre-admissions | 425 |
| Total number of follow-up patients | 352 |
| Total number of outpatients | 10 |
| Total number of hospital patients | <u>809</u> |

TOTAL 1650

TOTAL NUMBER OF EXAMS:

| | |
|---------------|------|
| Spines | 1128 |
| Chests | 201 |
| Extremities | 335 |
| Abdomens | 32 |
| Skulls | 21 |
| Miscellaneous | 444 |

SPECIAL PROCEDURES:

| | |
|-------------|----|
| IVPS | 76 |
| VCUGS | 25 |
| Loopograms | 18 |
| Teleograms | 20 |
| Arthrograms | 2 |
| Sinograms | 2 |